

TEENAGE PREGNANCY
INDEPENDENT
ADVISORY GROUP

Annual Report
2008/09

TEENAGE PREGNANCY INDEPENDENT ADVISORY GROUP

Teenage Pregnancy Independent Advisory Group
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Introduction

The Teenage Pregnancy Independent Advisory Group (TPIAG) monitors the implementation of the Government's Teenage Pregnancy Strategy and advises ministers. It is a non-departmental body that meets four times a year. It currently has 14 members, including two young people and experts from health, education, parenting, research, housing, local government and children's services.

This is TPIAG's sixth annual report. It contains recommendations to accelerate and progress the Teenage Pregnancy Strategy which has two strands:

To halve the number of under-18 conceptions by 2010 (and to establish a firm downward trend in the rate of under-16 conceptions)

To increase the participation of young mothers aged 16-19 in education, employment and training to reduce the risk of long-term social exclusion, with a target of 60% participation by 2010.

Since the Strategy began there has been a national reduction in the under-18 conception rate of 11% and a 23% decrease in the under-18 birth rate. Approximately half of conceptions end in abortion, highlighting the fact that many of the pregnancies are unintended.

There continues to be considerable variation in progress around the country. Some local areas have applied the Strategy very successfully and reduced their under-18 conception rates by more than 26%. A few other areas have failed to make any impact and their rates remain relatively unchanged.

The Strategy has also succeeded in raising the number of teenage mothers in Education, Employment and Training (EET) by 11%, but again there is marked regional variation.

The Teenage Pregnancy Strategy continues to be managed nationally by the Teenage Pregnancy Unit (TPU) within the Department for Children, Schools and Families (DCSF). It is implemented locally by Teenage Pregnancy Co-ordinators, supported by a senior co-ordinator in each government region.

Further support comes from the Department of Health (DH) Teenage Pregnancy National Support Team (TP NST) which provides intensive support to areas with static or rising rates.

WHY TEENAGE PREGNANCY STILL MATTERS

- **Although the rates have dropped England's teenage pregnancy rate is one of the highest in Western Europe, with over 40,000 under-18 conceptions in 2007**
- **20% of under-18 conceptions are repeat pregnancies**
- **Babies of teenage mothers have a 60% higher risk of dying in their first year and have a significantly increased risk of living in poverty, achieving less at school and being unemployed in later life**
- **Teenage pregnancy is both a cause and result of exclusion, poverty and inequality**



GILL FRANCES OBE

CHAIR TPIAG

My main messages this year are about consensus, continuation and consistency.

I start by welcoming the very positive news that Government is introducing legislation to making Personal, Social, Health and Economic (PSHE) education a statutory subject in all schools. This will include the vital element of Sex and Relationships Education (SRE). This is something TPIAG has been calling for since our inception. Young people are entitled to PSHE education, it is critical in terms of safeguarding and TPIAG believes it is one of the most influential factors in reducing rates of teenage pregnancy and delaying first sexual experience.

It is excellent that the Teenage Pregnancy Strategy has helped to develop a strong consensus amongst the general public and professionals about SRE. The vast majority of young people and parents support the need for it and furthermore they endorse young people's right to access confidential contraceptive services.

This broad consensus is supported by research evidence which confirms that SRE, co-ordinated with contraception and sexual health services, delays first sex, reduces teenage pregnancy and improves young people's sexual health and wellbeing.

I am very pleased that in the run up to a general election there is all party support to reduce teenage pregnancy and

hopefully also to speed through this vital piece of legislation.

Next comes continuation. TPIAG has been very concerned to see some areas reducing their teenage pregnancy work because they think the Teenage Pregnancy Strategy is ending. But we now have a commitment from the Minister for Children, Young People and Families, that the work will go on.

Teenage pregnancy is complex and it is obvious that Government will not meet its ambitious target to halve the under-18 conception rate by 2010. However TPIAG is encouraged that the long-term downward trend in teenage conceptions seems to have resumed after a slight blip in the 2007 data. Provisional figures for the first three-quarters of 2008 show rates are firmly down again.

Half of all under-18 conceptions are ending in abortion. The stark fact remains that the majority of teenage pregnancies are unintended.

The redevelopment of the Teenage Pregnancy Strategy provides new opportunities to do more to support young people to avoid unintended pregnancy and find out why they are not using contraception effectively.

More research is needed on risk-taking

behaviours such as alcohol and drugs so that effective policy and practice can be developed.

It is also very disturbing that so many young people say their first sexual experience was coercive and not enjoyable.

We are still concerned about the size of the national Teenage Pregnancy Unit (TPU) team which is expected to work on such a huge continuing challenge. TPU does have invaluable support from the local and regional Teenage Pregnancy Co-ordinators and the TP NST, but the number of people working on this policy area is still disproportionately small.

Now the continuation of teenage pregnancy work is secured, more must be done to ensure it is done consistently around the country. There is still wide geographical variation in success over the past nine years. If all local areas had done as well as the top 25%, we would be much closer to achieving the national target.

The extra funding for contraception from DH, for example, has not been accessed and used consistently by all local areas. TPIAG is concerned about the patchy take-up of these new monies and the lack of national monitoring.

It is still shocking that nine years into the Strategy access to contraception is still very unequal. The Strategy can only succeed if all young people are able to attend Contraception and Sexual Health (CASH) services that provide a full range of contraceptive methods, plus treatment and advice regarding their sexual health and relationships.

I hope the Government's current advertising campaign will raise awareness of all methods of contraception that are available and increase the uptake of more reliable, longer-term ones.

The rising rate of young mothers in

education, employment or training (EET) is good news, but the success is not consistent across the country and much more must be done. New initiatives from the 14-19 education reform agenda have the potential to offer young parents high quality opportunities to learn. But to make this work, young parents' needs must be considered during both planning and implementation of the agenda.

Effective, high quality, ongoing support for young parents is an essential component of the post-natal package. It improves health, education and safety outcomes for the whole family and reduces subsequent teenage conceptions. Consistent help on this issue throughout England is needed to increase the long-term economic wellbeing of teenage parents as well as their children.

We still have an unacceptably high rate of teenage pregnancy in this country, but there are some very positive points.

There is strong consensus around the need for SRE and CASH services for young people. The teenage pregnancy rate has resumed its downward trend and many areas have achieved significant reductions. These successes stem from the hard work of many people in many services across the country. We commend them, thank them and ask that they redouble their efforts so we can reduce rates in a more consistent way nationwide.

Our challenge now is to seize the opportunity to make the Strategy even more effective and relevant beyond 2010 and it can be done.



TPIAG's activities

The group regularly briefs ministers and other key figures due to its considerable expertise and experience. The Chair and members continue to champion the need for increased work to prevent teenage pregnancy and improve support for teenage parents by speaking at meetings around the country.

TPIAG's biggest achievement for 2008/9 was its part in persuading the Government to make PSHE education a statutory subject. It was also very pleased to be involved in the Sex and Relationships Education (SRE) review and in the development of the new and forthcoming SRE guidance.

TPIAG has also collaborated with key stakeholders including the National Academy for Parenting Practitioners and the Local Government Association. We prepared a briefing for lead council members on their responsibilities in addressing teenage pregnancy and assisted them in organising a conference.

TPIAG has been working with Primary Care Trusts (PCTs) and local authorities to promote the role of contraception in reducing teenage pregnancy. Work has also been ongoing with parliamentarians with a briefing on the policy issues around teenage pregnancy.

TPIAG has also made formal submissions to public consultations, including PSHE education, health and wellbeing for looked after children and young people,

and the advertising of condoms and CASH services.

Several members of TPIAG have also been involved in work with the TP NST, which offers in-depth practical assistance to areas with static or increasing rates of teenage conception.

The Chair and members carry out a wide range of media work to highlight and clarify issues around teenage pregnancy.

TPIAG thanked young people's representative Rhiannon Holder whose term of office had ended. The group welcomed two new young people's representatives, PJ Taylor and Alaina Dingwall and local government Teenage Pregnancy Co-ordinator Lucy Russell.

The continuing challenges

TPIAG is in constant contact with many people involved in delivering the Strategy, particularly local and regional Teenage Pregnancy Co-ordinators, colleagues in DCSF and DH and the TP NST team. This keeps us informed of

effective work and ongoing and emerging challenges.

There are common factors which have to be addressed for local strategies to work effectively.

- **To have strong executive and strategic leadership in the local authority (LA) and PCT and an up-to-date vision for teenage pregnancy embedded within the Children's Trust**
- **A senior level group must define the long-term vision for teenage pregnancy and ensure the work is integrated into all services and agendas**
- **All stakeholders, including specific groups such as elected council members and school governors, are empowered to become confident teenage pregnancy champions**
- **The Teenage Pregnancy Co-ordinator must have senior status so that s/he can work with colleagues at a strategic level and undertake commissioning**
- **Local data must be used effectively to ensure performance monitoring indicators cover all aspects of the Strategy**
- **A communications strategy must be in place to promote clear and consistent messages to internal and external audiences**
- **Contraceptive and Sexual Health (CASH) services must be co-ordinated with SRE, meet the DH *You're Welcome* quality standards and be located where and when young people want to use them**
- **There must be effective identification and targeting of young people most at risk through a consistent, co-ordinated approach**
- **A co-ordinated children's workforce development strategy must ensure members are confident and competent to address sexual health issues**
- **Parents and carers must be supported to discuss sex and relationships confidently.**

This year's report picks up some ongoing concerns, as well as some emerging issues as the existing Strategy comes to an end and a new phase begins. Our recommendations follow:

EARLY INTERVENTION

Recommendation 1

Mechanisms should be put in place to identify those at risk of teenage pregnancy, particularly within Targeted Youth Support and Integrated Youth Support services. Teenage pregnancy prevention should also be included in workforce training across children's services and in children and young people's plans.

TPIAG believes much more should be done to prevent teenage conceptions, especially as approximately half of them are unintended and end in abortion. The Teenage Pregnancy Strategy is excellent and works very effectively when it is implemented properly. But additional initiatives need to be developed, including early identification of those who might be at risk of teenage pregnancy.

TPIAG continues to be very concerned about the proportion of looked after children who become pregnant.

TPIAG supports the TP NST's call for a consistent and co-ordinated approach to the early identification of risk, with joined up working across Teenage Pregnancy Partnerships to make sure links are made with safeguarding, sexual health, and alcohol and substance misuse. Risk assessment tools should be used to develop specific teenage pregnancy prevention work.

The use of the Common Assessment Framework (CAF) is still variable across the country and too often does not include young people who are either at

risk or affected by teenage pregnancy. Its use across different sectors is critical in identifying needs and providing the care and support vulnerable young people require.

There is **still** a very great need for improved training for all those working with young people. TPIAG would still like to see a co-ordinated development strategy for the children's workforce so that all staff are confident and competent to address teenage pregnancy prevention and sexual health.

Teenage pregnancy is life-changing, with long-term health, social and economic implications. Early intervention can have a significant impact by helping a young person to enjoy their life, get on with their education and avoid an unintended pregnancy.

Parents of teenagers can have a big role in preventing pregnancy, by talking to young people about sex and relationships and encouraging responsible sexual activity. But we also need to do much more for the teenagers who do not have the solid support of a family.

PSHE/SRE

Recommendation 2

TPIAG urges Government to ensure that the legislation to make PSHE/SRE statutory goes through Parliament swiftly.

TPIAG commends the Government for its decision to make PSHE education, including SRE, statutory at all key stages. We would like to see this going through Parliament as soon as possible, with a view to it coming into practice in September 2011.

The Teenage Pregnancy Strategy has played a key role in the development of a new overwhelming consensus around SRE, with 86% of parents and 96% of young people agreeing that it should be provided at school, which gives the Government an excellent mandate to get this legislation into statute. We are very pleased that Church of England and Catholic Church are also supporting this move.

Parents play a crucial role in talking to young people about sex and relationships and this must be encouraged. Most parents value the additional support provided at school and some parents do not have the skills and knowledge to do it, which is why statutory PSHE is so important.

Under the forthcoming legislation parents can withdraw their child from SRE up to the age of 15. TPIAG does not expect this to happen in practice. Feedback suggests that some parents who initially want to withdraw their children from SRE often change their view once they have been reassured about the content and tone. They realise SRE helps children and young people develop important life skills so they can negotiate and assert themselves in their relationships and

keep safe from bullying and coercion.

Under the Children Act (1989 and 2004) and existing guidance, schools have a responsibility to ensure that all parents and carers are informed about the content of SRE in clear language. If they decide to withdraw their child, provision must be made to ensure the lesson content is available at home so that the child or young person can exercise their human right to maintain their sexual health and wellbeing.

Legislation will raise the priority of PSHE in schools, but there remain significant delivery challenges. PSHE needs to be taught by trained and confident staff. It needs to be given sufficient time in the curriculum and it should meet the needs of children and young people growing up in the 21st century. TPIAG therefore calls for a concerted effort to address these remaining challenges.

We remind Government of its commitments from the SRE Review which need to be taken forward urgently to prepare for statutory status: the workforce needs to be supported, including specific groups such as school governors; young people need to be consistently involved in the design and development of SRE programmes; new SRE guidance needs to be published and disseminated to schools; information needs to be developed for parents to explain what SRE is, what is taught at each key stage, the context of values in which it is

taught and how it helps to keep their children stay safe and healthy. These materials must be appropriate to all languages and cultures.

In the interim, TPIAG urges school governors and leadership teams to start putting the mechanisms in place to plan and deliver statutory PSHE. Workforce training is absolutely essential and must begin now. Although we are pleased that a few more teachers are participating in the Continuing Professional Development (CPD) course on PSHE the number of participants is very small in relation to the national need. Government should consider a tiered approach to training which results in all teachers having basic PSHE skills, whilst some teachers have a specialist status which is appropriately remunerated.

TPIAG continues to lobby for Initial Teacher Training to include more on PSHE so that every new teacher is able to respond appropriately to pupils about sex and relationship issues.

TPIAG is pleased that the Healthy Schools programme has been further developed to ensure that good quality SRE is part of the process.

TPIAG notes that the new 14-19 reform agenda will mean that some young people will leave formal school at 14 so it is critical that further education is adequately supported so PSHE can be continued.

PSHE is absolutely critical, not just in reducing teenage pregnancy, but also in helping young people learn how to take action against coercive sex and to get help and support on all sexual health issues.

CONTRACEPTION AND SEXUAL HEALTH (CASH) SERVICES

Recommendation 3

TPIAG calls for CASH services, which provide a range of contraceptive methods and advice on sexual health, to be available to all young people through on site health services in school, further education colleges and community services.

In addition TPIAG recommends Government tries new, innovative approaches, such as offering personalised advice and support to all young people.

Contraception is highly cost effective. Every £1 spent saves the NHS £11, in the cost of ante and post natal care, a delivery or abortion. This should be a powerful argument for PCTs. The provision of contraception is critical in reducing teenage pregnancy.

TPIAG continues to be very supportive of on site services in schools and further education (FE) colleges which can make health services available to large numbers of young people in one setting, and are particularly good for reaching young men who might not attend other clinics.

TPIAG notes that 75% of parents agree that young people (including the under 16s) should be able to access contraceptive and sexual health advice.

Despite this consensus, TPIAG is concerned that many young people are still not accessing sexual health services or using contraception. Government needs to try innovative approaches, such as looking at how to get personalised advice and support to all young men and women. This would ensure they are prepared to take responsibility for a relationship, fully understand the

consequences of sex and could get the necessary help and support.

A personalised approach could focus on teenage pregnancy and sexual health or it could cover a broader health remit including drugs and alcohol. Government would need to undertake a pilot to ascertain the best approach.

TPIAG welcomes revisions to the NHS operating framework, which requires abortion providers to offer a full range of contraception. The Quality Outcomes Framework now incentivises GPs to provide sexual health advice and contraception.

But Government needs to know that many GPs are failing to offer a full range of contraceptive methods and many have not been trained to fit long acting reversible contraception (LARC) such as implants. Furthermore, some abortion providers have not been funded to supply contraception.

We also note that 20% of teenage pregnancies continue to be repeat conceptions. It is very helpful that some midwives start talking about contraception during the ante-natal

phase and ensure contraception is agreed and prescribed after the birth. But TPIAG alerts Government to the fact that this excellent practice is not universal. Again, consistency across all areas of the country is critical if teenage pregnancy rates are to be reduced.

TPIAG remains concerned that young people have continuing difficulties to access CASH services. These must be located in areas young people can get to, open at convenient times such as evenings and weekends and offer the full range of contraceptive methods.

We are alarmed that some local areas think it is acceptable to provide one short session a week offering pregnancy and Chlamydia testing, condoms and emergency contraception.

This does not constitute a proper CASH service – it is totally inadequate. CASH services should be following the DH's **You're Welcome** quality standards and provide the full range of contraceptive methods.

LARC is a very good option for many young people, as it is easy to use, reliable and can last several years. Some PCTs think LARC is a costly option even though it saves money long-term. TPIAG would like an urgent review of policy around LARC. The training to prescribe and fit implants needs to be shorter and rolled out far more widely and must include clear information so young people know what to expect.

We welcome new money from DH for local areas to improve their contraceptive provision. This totals £26 million a year for three years, but has not been ring-fenced, resulting in patchy take up. We are very concerned

about whether this money has been used effectively for the intended purpose and TPIAG would like close monitoring of uptake and spending, otherwise a major funding opportunity for young people's contraception and sexual health is being lost.

The funding routed through Strategic Health Authorities seems to have been monitored more effectively.

The majority of under-18 conceptions occur in girls aged 16 or 17, which is why TPIAG supports an increased focus on teenage pregnancy prevention in FE settings. We are pleased that the TPU has provided practical guidance on setting up services in FE and that DH has also allocated some money to encourage the development of on site clinics.

TPIAG would like to see greater use of local data and needs' assessments to ensure CASH services are commissioned to meet the needs of the local population and gaps in provision are identified and solved.

We congratulate Government on its new campaign **Sex – worth talking about** which aims to encourage dialogue between adults and young people. It is good that the campaign will target health professionals such as GPs, as well as young people and their parents.

TEENAGE PARENTS

Recommendation 4

TPIAG recommends that Government ensures the new 14-19 reform agenda meets the specific needs of young parents.

TPIAG notes the rise in the proportion of young mothers who are in education, employment or training (EET), which is now up 11% since the Teenage Pregnancy Strategy began. There is still wide regional variation. Some areas have made good progress, but others have more work to do. It is important that the forthcoming Guidance on Not in Education, Employment and Training (NEET) addresses the barriers facing teenage parents accessing education.

The numbers of young mothers in EET needs to increase, which would improve the long-term outcomes for both them and their children.

Young parents need flexible courses and training opportunities, especially within the new 14-19 agenda, including diplomas and apprenticeships. They must also be supported to access good quality and affordable work experience.

We welcome programmes that help young mothers and fathers gain life and parenting skills. Money management and healthy eating courses also give real practical benefit. For young parents not in EET, there should be courses to bridge the gap between parenthood and education and training. We encourage Government to support education and training providers to integrate parenting and life skills courses more effectively into the learning and skills agenda.

Foundation level courses should be

accredited and should link explicitly to Connexions to help young people take the next step to improve their qualifications or go into training.

We noted that DCSF published an Information, Advice and Guidance Strategy in the autumn but disappointingly this did not appear to focus on the needs of vulnerable groups like teenage parents.

The Government's Care2Learn scheme, which provides grants for childcare, has played an essential role in many young parents' access to education and training. This welcome scheme now needs to be reviewed and increased because it is failing to cover costs. There is a risk young parents will be deterred from studying or training. The long-term funding of this scheme needs to be increased and secured and be consistent with childcare allowances in other DCSF policies and to support young parents as the education participation age increases.

The Learning and Skills Council is to be replaced in April 2010 by the Young People's Learning Agency. TPIAG hopes that foundation level learning for disadvantaged groups including teenage parents will continue.

The Government's new 14-19 reform agenda is now driving new policy around education, training and skills and will need to include provision for the specific needs of young parents.

Recommendation 5

TPIAG urges Government to keep to its commitment of investing £30 million over three years in supported housing for 16-17 year olds, including teenage parents, but warns this is insufficient to meet the current serious need. Further funding will need to be identified.

TPIAG welcomes Government's renewed intention to provide £30 million over three years to help LAs reshape their supported housing for 16-17 year olds, including young parents. We hope this pledge will be followed through and implemented.

However, TPIAG points out that this investment would only create about 700 new places in supported housing places, which remains grossly inadequate for the number of young parents and their children in serious housing need.

Housing remains a critical issue for young parents. We know that many mothers and their babies are still being placed in bed and breakfast, low-quality private rental accommodation, miles from family and friends, increasing their vulnerability.

Supported housing offers young mothers a safe place to live and professional childcare help. But it often excludes the young father and is invariably short-term, meaning they have to then find accommodation beyond the term of their stay. 'Move on' needs should be well managed so that a successful transition is made to a suitable tenancy with continued support if needed.

Floating support can be a less expensive option for some young parents to help them live independently but it will not

be adequate for the most vulnerable young parents.

TPIAG will monitor TPU's supported housing pilot in various sites to see if it provides quality accommodation and support whilst helping young parents become independent. Government will need to work with local areas to ensure the pilot projects have a positive influence on housing support for young parents.

Recommendation 6

TPIAG calls for Government to commit adequate resources to ensure that LAs, PCTs and the voluntary sector support young mothers and fathers in developing parenting and life skills and ensuring long-term inclusion.

TPIAG remains very concerned about the need for increased support for young parents. With the right support young parents can succeed and be good parents, make informed decisions about contraception, bring up happy and healthy children and break the cycle of teenage pregnancy.

It is clearly best for young mothers to have the support of their families, who can play a critical role. But this is not an option for many young parents who do need state support, help and advice.

We hear some young mothers and fathers have very volatile relationships which mean that their babies are witnessing domestic violence. This presents significant safeguarding concerns. Health and LA professionals need to be vigilant and activate the CAF where necessary. TPIAG notes that some staff members are not confident and adequately trained in using the CAF and resist its use or find it difficult to identify domestic violence, particularly in teenage relationships. This means that young parents do not receive co-ordinated and planned care and support.

The Home Office is developing a strategy on violence against young women and girls and we hope that the needs of teenage mothers and their babies will be addressed and included.

We are positive about DH's flagship Family Nurse Partnership pilot, which gives intensive support to young mothers. If the evaluation is favourable,

Government will need to consider how to resource national roll-out, as this might not be a PCT priority in the current funding climate.

There is a need for teenage pregnancy work with young men and TPIAG welcomes TPU's forthcoming roadshows around the country to address this issue. It is vital that all Connexions and youth support services accurately monitor the numbers of young fathers they see, as this will help them plan, commission and deliver appropriate services.

Targeted support has long-term benefits of improving outcomes for the whole family. Children's Centres and parenting support programmes have a wide range of good quality provision but these must be tailored to meet the needs of young parents and must be promoted to attract young people.

Midwives, GPs and health visitors can do a lot to help young mothers avoid an untimely second pregnancy. Maternity services should link firmly to CASH services.

All young mothers should receive advice on contraception including LARC during the pregnancy and very soon after the birth of their baby. This should be a part of the teenage pregnancy maternity care pathway.

TEENAGE PREGNANCY STRATEGY

Recommendation 7

The Teenage Pregnancy Strategy needs to be extended beyond 2010 and developed further for the next decade .

The current Strategy runs to the end of 2010 but it is clear it will need to be extended. The Government has said work to reduce teenage pregnancy must continue and is planning and developing the next phase. But this must be communicated effectively and urgently to all LAs, PCTs and other stakeholders, because many of them are disinvesting in teenage pregnancy and not replacing vacant Teenage Pregnancy Co-ordinator posts. This is very serious because consistent delivery and implementation of the Strategy is crucial to success.

We urge Government to ensure any new work integrates sexual health and well being with teenage pregnancy prevention and support.

Work to reduce teenage pregnancy must continue to be a cross-government initiative, embedded at the heart of policy and the next Comprehensive Spending Review. It should also be a priority for all political parties because it continues to have an impact on the most vulnerable young people and the poorest communities. It widens health inequalities and perpetuates a cycle of poverty, poor educational achievement and low aspirations.

Tackling teenage pregnancy is central to reducing inequalities, and improving outcomes in relation to health, education, employment and community cohesion.

Government must continue to invest in research to understand what affects young people's sex and relationships, such as alcohol and drugs. Data needs to be improved and released more quickly to ensure policy is up-to-date and relevant.

Future teenage pregnancy work will need to be resourced and implemented in a cost effective way and sustainable way.

Young people should also be involved in the development of the next phase of the Strategy to ensure it is relevant to them, nationally and locally.

TPIAG also welcomes any initiatives which give parents and carers the skills and confidence to talk to their families about sex and relationships in the relevant language and cultural context.

Government must show strong leadership as this filters down to LAs and PCTs who have the spending and commissioning power. Money for teenage pregnancy is no longer ring-fenced, so Government is dependent on teenage pregnancy being made a priority in the LAs' Local Area Agreements.

LAs and PCTs still have to be encouraged to work together to agree, commission, design and deliver local teenage pregnancy work. Joining up services is still not consistently happening across the country.

Despite having a Teenage Pregnancy Strategy for nearly 10 years, we still do not have an adequately trained workforce which has ongoing support and supervision. All professionals working with young people should be competent and confident to talk about sex and relationships, yet we know many, including midwives, teachers, youth workers, social care staff and GPs still find this difficult.

The next phase of the Strategy has to be taken forward with a workforce who can directly address this core issue.

Finally there is still much to do to embed the Strategy consistently and we urge Government to build on the success of this first phase. We have evidence of what works and there is a strong consensus for SRE and CASH services for young people.

Although high rates of teenage pregnancy may have existed for generations, they are not inevitable, they can be reduced and we look forward to working with Government beyond 2010.

List Of Members

Chair: Gill Frances, OBE,

has been involved in the Teenage Pregnancy Strategy since its initial development and has a long history of working with children and young people.

Deputy Chair: Prof John Coleman, OBE,

is currently a Senior Research Fellow at Oxford University.

Members:

Jacqueline Adusei is Chief Executive of Ekaya, a Black and Minority Ethnic housing association that also provides housing and support services for teenage parents in South London.

Nicola Baboneau has lead responsibility for Community & Partnerships in the Learning Trust, a private, not-for-profit company managing education in the London Borough of Hackney.

Julie Bentley is Chief Executive of the sexual health charity fpa, providing information, education and advice services to people across the UK.

Simon Blake is Chief Executive of Brook, the leading voluntary sector provider of integrated sexual health services for young people across the UK.

Alaina Dingwall is a young person's representative and has just completed her A-levels and is working as an intern.

Annie Hargreaves is a PSHE lead in a local authority.

(**Rhiannon Holder**, whose term has now ended, was a young person's representative on the group and a sexual health project worker.)

Prof Roger Ingham is Director of the Centre for Sexual Health Research based at the University of Southampton.

Hansa Patel-Kanwal, OBE, works as an independent sexual health consultant.

Lucy Russell works for a local authority to reduce teenage pregnancies and support young parents.

PJ Taylor is a young person's representative and is currently working as an intern.

Dr Jon Tilbury is a general practitioner in Cornwall.

Carol White is a former Director of Children's Services and now works as a freelance consultant.



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